

REQUEST TO RELEASE PROTECTED DECEDENT'S REMOVED INFORMATION

[§119.071(4)(d)9]

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____
("Affiant"), who swore or affirmed that:

1. Affiant verifies by a certified copy of a death certificate, that the protected decedent has died. The certified copy of the death certificate is attached to this affidavit.
2. Affiant verifies that there is no known statute or court order prohibiting the release requested.
3. Affiant confirms that the request for release is due to the death of the protected party.
4. Affiant requests the release of a protected decedent's removed information.
5. Affiant provides the location of the former dwelling location to be located in the Official Records at:

Book Number: _____ and Page Number: _____

OR Instrument Number: _____

OR Clerk's File Number: _____

(Affiant)

Sworn to (or affirmed) and subscribed before me on _____, 20__ , by
means of physical presence or online presence by

_____.

(Signature of Notary Public-State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

(Type of Identification Produced)

Note: The Clerk's office will verify if there are other Requests for Redaction on file from other protected parties as to this property prior to releasing information.